

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 GEORGIA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
GEORGIA, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	1,583,105 (A)	239,133 (E)	1,343,972 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,502,937 (B)	164,846 (F)	1,338,091 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1,497,311 (C)	164,640 (G)	1,332,671 (K)
4. Benes who were all-year nursing facility residents ^f	26,617 (D)	24,326 (H)	2,291 (L)

Source: Data for this table are from the MAX 2002 file for Georgia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2002, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 19 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 19 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Georgia in 2002 was \$789,552,678, of which \$47,407,636 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2002. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2002. All benefit months of such dual eligible beneficiaries, of which 2.6 percent were restricted benefit months without a pharmacy benefit in Georgia, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 GEORGIA, 2002

Beneficiary Characteristics	No. of Benefes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	1,497,311	82,611	242,702	260,932	909,569	1,497	13,022,851	810,710	2,452,895	1,866,980	7,881,000	11,266
Age												
5 and younger	446,528	0	10,615	66	435,847	0	3,741,016	0	103,942	438	3,636,636	0
6-14	382,638	0	22,904	272	359,462	0	3,510,279	0	251,705	1,751	3,256,823	0
15-20	165,689	0	14,446	37,352	113,832	59	1,402,758	0	155,713	262,245	984,461	339
21-44	284,856	1	71,693	212,120	323	719	2,254,631	12	726,909	1,519,789	2,496	5,425
45-64	106,946	1	95,363	10,861	20	701	988,792	1	901,962	81,351	130	5,348
65-74	42,225	23,372	18,683	150	3	17	436,551	224,528	211,086	751	34	152
75-84	39,663	32,673	6,940	48	1	1	407,318	328,353	78,757	198	8	2
85 and older	28,737	26,563	2,056	63	55	0	281,423	257,809	22,814	457	343	0
Unknown	29	1	2	0	26	0	83	7	7	0	69	0
Gender												
Female	890,262	62,412	132,912	242,402	451,039	1,497	7,687,345	626,837	1,377,092	1,754,298	3,917,852	11,266
Male	607,045	20,199	109,788	18,530	458,528	0	5,335,472	183,873	1,075,787	112,682	3,963,130	0
Unknown	4	0	2	0	2	0	34	0	16	0	18	0
Race												
White	609,826	43,131	92,064	113,501	360,268	862	5,045,127	405,388	905,086	738,490	2,989,349	6,814
African American	750,682	29,023	109,438	139,931	471,841	449	6,813,915	294,514	1,130,857	1,082,979	4,302,130	3,435
Other/unknown	136,803	10,457	41,200	7,500	77,460	186	1,163,809	110,808	416,952	45,511	589,521	1,017
Use of Nursing Facilities^c												
Entire year	26,617	22,037	4,577	3	0	0	270,495	220,968	49,513	14	0	0
Part year	13,905	11,292	2,602	9	1	1	127,617	101,112	26,413	71	12	9
None	1,456,789	49,282	235,523	260,920	909,568	1,496	12,624,739	488,630	2,376,969	1,866,895	7,880,988	11,257
Maintenance Assistance Status												
Cash	555,277	33,682	196,130	112,257	213,208	0	5,366,249	374,831	2,092,392	872,110	2,026,916	0
Medically needy	12,874	4,950	7,871	2	51	0	67,277	29,391	37,759	9	118	0
Poverty-related	638,594	2,540	2,991	95,826	535,741	1,496	5,175,310	23,497	27,394	594,083	4,519,072	11,264
Other/unknown	290,566	41,439	35,710	52,847	160,569	1	2,414,015	382,991	295,350	400,778	1,334,894	2
Dual Medicare Status^d												
Full dual, all year	155,651	73,092	81,798	670	31	60	1,584,278	722,698	856,095	4,673	303	509
Full dual, part year	8,989	4,657	4,301	29	1	1	85,931	44,885	40,730	307	4	5
Non-dual, all year	1,332,671	4,862	156,603	260,233	909,537	1,436	11,352,642	43,127	1,556,070	1,862,000	7,880,693	10,752
Managed Care Status												
FFS all year	1,497,311	82,611	242,702	260,932	909,569	1,497	13,022,851	810,710	2,452,895	1,866,980	7,881,000	11,266
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Georgia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 GEORGIA, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	65.4 %	10.2	\$496	\$49	\$3,122	15.9 %	1,497,311
Age							
5 and younger	65.4	4.4	152	34	1,700	8.9	446,528
6-14	54.3	3.8	196	52	1,105	17.8	382,638
15-20	58.3	4.4	214	48	2,016	10.6	165,689
21-44	70.7	10.3	577	56	3,893	14.8	284,856
45-64	77.2	33.2	1,819	55	8,264	22.0	106,946
65-74	86.7	40.4	1,863	46	7,396	25.2	42,225
75-84	90.6	43.7	1,937	44	10,729	18.0	39,663
85 and older	92.1	40.8	1,726	42	14,888	11.6	28,737
Unknown	3.4	1.2	56	48	703	7.9	29
Basis of Eligibility^c							
Aged	88.8	40.1	1,783	45	11,769	15.1	82,611
Disabled	77.6	28.0	1,679	60	7,944	21.1	242,702
Adults	69.9	6.4	221	34	2,501	8.8	260,932
Children	58.7	3.8	141	38	1,216	11.6	909,569
Unknown	78.6	14.2	918	65	9,911	9.3	1,497
Gender							
Female	68.4	11.8	539	46	3,333	16.2	890,262
Male	61.1	7.8	432	56	2,812	15.4	607,045
Unknown	25.0	5.3	276	53	350	78.8	4
Race							
White	70.0	12.6	616	49	3,775	16.3	609,826
African American	62.6	7.9	375	47	2,546	14.7	750,682
Other/unknown	60.3	11.6	620	53	3,367	18.4	136,803
Use of Nursing Facilities^d							
Entire year	98.2	56.3	2,725	48	29,121	9.4	26,617
Part year	96.1	45.7	2,197	48	18,640	11.8	13,905
None	64.5	9.0	439	49	2,498	17.6	1,456,789

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	71.2	15.8	833	53	3,809	21.9	555,277
Medically needy	70.0	21.3	1,192	56	7,274	16.4	12,874
Poverty related	58.5	3.8	135	36	1,329	10.2	638,594
Other/unknown	69.3	13.0	613	47	5,564	11.0	290,566

Source: Data for this table are from the MAX 2002 file for Georgia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 GEORGIA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos		
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less			Benes	
All	1.2	\$57	15.9 %	34.6 %	46.0 %	7.2 %	8.0 %	3.6 %	0.6 %	\$359	1,497,311	13,022,851
Age												
5 and younger	0.5	18	8.9	34.6	57.5	5.9	1.9	0.1	0.0	203	446,528	3,741,016
6-14	0.4	21	17.8	45.7	48.1	4.0	2.1	0.2	0.0	120	382,638	3,510,279
15-20	0.5	25	10.6	41.7	49.4	5.7	2.8	0.3	0.0	238	165,689	1,402,758
21-44	1.3	73	14.8	29.3	46.3	10.8	10.5	2.8	0.4	492	284,856	2,254,631
45-64	3.6	197	22.0	22.8	17.7	11.4	27.5	17.0	3.6	894	106,946	988,792
65-74	3.9	180	25.2	13.3	16.1	12.1	32.9	21.5	4.0	715	42,225	436,551
75-84	4.3	189	18.0	9.4	13.4	11.9	35.4	25.6	4.4	1,045	39,663	407,318
85 and older	4.2	176	11.6	7.9	13.3	12.4	38.0	25.2	3.2	1,520	28,737	281,423
Unknown	0.4	19	7.9	96.6	0.0	0.0	3.4	0.0	0.0	246	29	83
Basis of Eligibility^c												
Aged	4.1	182	15.1	11.2	14.5	12.0	34.5	23.7	4.1	1,199	82,611	810,710
Disabled	2.8	166	21.1	22.4	26.6	11.9	23.9	12.8	2.3	786	242,702	2,452,895
Adults	0.9	31	8.8	30.1	52.3	9.9	6.6	1.0	0.1	350	260,932	1,866,980
Children	0.4	16	11.6	41.3	52.3	4.6	1.7	0.1	0.0	140	909,569	7,881,000
Unknown	1.9	122	9.3	21.4	37.4	15.9	20.4	4.7	0.3	1,317	1,497	11,266
Gender												
Female	1.4	63	16.2	31.6	46.1	7.7	9.2	4.6	0.8	386	890,262	7,687,345
Male	0.9	49	15.4	38.9	45.9	6.4	6.2	2.2	0.3	320	607,045	5,335,472
Unknown	0.6	32	78.8	75.0	0.0	25.0	0.0	0.0	0.0	41	4	34
Race												
White	1.5	75	16.3	30.0	45.6	8.5	9.8	5.1	1.1	456	609,826	5,045,127
African American	0.9	41	14.7	37.4	47.8	6.0	6.2	2.3	0.3	281	750,682	6,813,915
Other/unknown	1.4	73	18.4	39.7	38.4	7.2	9.8	4.2	0.6	396	136,803	1,163,809
Use of Nursing Facilities^d												
Entire year	5.5	268	9.4	1.8	7.1	9.0	36.9	36.5	8.7	2,866	26,617	270,495
Part year	5.0	239	11.8	3.9	10.6	11.0	37.8	31.1	5.7	2,031	13,905	127,617
None	1.0	51	17.6	35.5	47.1	7.1	7.2	2.8	0.4	288	1,456,789	12,624,739

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
Maintenance Assistance Status												
Cash	1.6	86	21.9	28.8	42.0	8.9	13.3	6.0	0.9	394	555,277	5,366,249
Medically needy	4.1	228	16.4	30.0	10.9	9.3	26.1	19.4	4.4	1,392	12,874	67,277
Poverty related	0.5	17	10.2	41.5	50.9	5.3	2.1	0.2	0.0	164	638,594	5,175,310
Other/unknown	1.6	74	11.0	30.7	44.5	7.9	9.9	5.9	1.2	670	290,566	2,414,015

Source: Data for this table are from the MAX 2002 file for Georgia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 GEORGIA, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	1.2	\$57	\$49	0.5	\$42	\$85	0.1	\$4	\$41	0.6	\$11	\$19
Age												
5 and younger	0.5	18	34	0.2	13	59	0.1	2	27	0.2	3	13
6-14	0.4	21	52	0.2	16	79	0.0	3	51	0.2	3	19
15-20	0.5	25	48	0.2	19	84	0.1	3	47	0.2	4	17
21-44	1.3	73	56	0.5	55	106	0.1	5	49	0.7	13	19
45-64	3.6	197	55	1.6	147	95	0.2	12	48	1.8	38	21
65-74	3.9	180	46	1.7	130	77	0.3	11	39	1.9	39	20
75-84	4.3	189	44	1.8	134	76	0.4	12	35	2.1	42	20
85 and older	4.2	176	42	1.6	121	76	0.4	13	33	2.2	42	19
Unknown	0.4	19	48	0.3	18	59	0.0	0	0	0.1	2	16
Basis of Eligibility^d												
Aged	4.1	182	45	1.7	129	77	0.4	12	35	2.0	40	20
Disabled	2.8	166	60	1.2	126	105	0.2	10	50	1.4	30	22
Adults	0.9	31	34	0.3	22	64	0.1	3	34	0.5	7	14
Children	0.4	16	38	0.2	12	60	0.1	2	36	0.2	3	15
Unknown	1.9	122	65	0.8	102	125	0.1	4	37	1.0	16	16
Gender												
Female	1.4	63	46	0.6	45	79	0.1	5	39	0.7	12	18
Male	0.9	49	56	0.4	37	96	0.1	4	45	0.4	8	20
Unknown	0.6	32	53	0.5	30	63	0.0	2	56	0.1	1	9
Race												
White	1.5	75	49	0.6	54	84	0.1	6	42	0.7	14	20
African American	0.9	41	47	0.4	31	83	0.1	3	40	0.4	8	18
Other/unknown	1.4	73	53	0.6	56	91	0.1	5	44	0.6	13	20
Use of Nursing Facilities^e												
Entire year	5.5	268	48	2.2	190	88	0.5	19	36	2.8	58	21
Part year	5.0	239	48	2.0	170	87	0.5	17	36	2.5	52	21
None	1.0	51	49	0.4	38	84	0.1	4	42	0.5	9	19

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	1.6	86	0.7	65	0.1	6	0.8	16
Medically needy	4.1	228	1.7	169	0.3	14	2.0	45
Poverty related	0.5	17	0.2	12	0.1	2	0.2	3
Other/unknown	1.6	74	0.6	54	0.1	6	0.8	15

Source: Data for this table are from the MAX 2002 file for Georgia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Georgia, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddeb.asp (May 13 2003).
- Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 GEORGIA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Bene Mos			
		Patented	Off-Patent	Generic	Patented	Off-Patent	Generic	Patented	Off-Patent	Generic						
Anti-infective Agents	0.3	0.1	0.0	0.1	\$13	\$10	\$1	\$49	\$74	\$68	\$14	1,733,022	\$85,631,041	661,514	44.2 %	6,670,757
Biologics	0.5	0.5	0.0	0.0	704	546	37	1,384	1,191	3,281	3,088	10,412	14,409,254	2,360	0.2	20,454
Antineoplastic Agents	0.4	0.2	0.0	0.2	92	68	5	206	336	152	91	48,015	9,872,908	10,531	0.7	107,003
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	20	15	2	30	40	57	24	1,315,560	52,262,769	260,132	17.4	2,663,191
Cardiovascular Agents	1.4	0.5	0.1	0.7	48	31	4	35	59	31	18	2,694,211	93,905,487	187,541	12.5	1,974,237
Respiratory Agents	0.4	0.2	0.1	0.2	15	10	2	30	63	31	19	2,078,450	82,620,097	547,436	36.6	5,551,589
Gastrointestinal Agents	0.5	0.1	0.0	0.3	21	13	2	47	109	112	22	786,068	37,222,366	166,817	11.1	1,731,986
Genitourinary Agents	0.3	0.2	0.0	0.0	12	11	0	46	54	32	14	239,230	11,063,231	94,103	6.3	927,413
CNS Drugs	0.7	0.4	0.0	0.3	60	50	2	80	125	89	24	1,729,580	138,895,559	222,395	14.9	2,316,240
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.1	0.1	32	23	4	62	74	63	35	236,087	14,606,905	43,525	2.9	463,031
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	74	72	0	124	137	9	22	76,838	9,497,915	12,392	0.8	129,054
Analgesics and Anesthetics	0.5	0.1	0.0	0.3	19	13	1	40	104	52	14	1,758,293	69,635,346	370,138	24.7	3,762,927
Neuromuscular Agents	0.6	0.3	0.1	0.3	38	28	3	60	108	49	23	832,232	50,331,775	124,002	8.3	1,317,002
Nutritional Products	0.4	0.0	0.1	0.3	6	0	1	15	25	15	15	400,515	6,124,866	114,654	7.7	1,065,541
Hematological Agents	0.6	0.2	0.1	0.2	68	58	3	112	252	21	27	264,218	29,468,842	42,037	2.8	436,240
Topical Products	0.2	0.1	0.0	0.1	8	5	1	32	49	48	16	962,385	31,234,795	380,999	25.4	3,911,644
Miscellaneous Products	0.2	0.1	0.0	0.1	28	21	3	143	183	297	48	31,650	4,541,487	15,807	1.1	163,462
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	20	0	0	0	40,886	820,399	20,442	1.4	223,206
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	15,237,652	742,145,042	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Georgia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Georgia, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 GEORGIA, 2002

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$79,223,707	83,900	913,558	0.5	\$168	\$87
ANTIDEPRESSANTS	49,861,391	175,659	1,841,471	0.4	60	27
ANTIASTHMATIC	45,314,582	297,501	3,102,941	0.3	55	15
ANTICONVULSANT	40,022,461	82,447	894,093	0.6	77	45
ANALGESICS - Narcotic	32,915,911	369,562	3,795,246	0.3	32	9
ANTI-DIABETIC	31,751,301	92,642	992,882	0.6	53	32
ANALGESICS - ANTI-INFLAMMATORY	30,572,676	240,550	2,520,562	0.2	51	12
ANTIHYPERTENSIVE	29,112,076	136,375	1,468,806	0.6	36	20
ULCER DRUGS	28,557,062	180,215	1,916,908	0.3	49	15
ANTIVIRAL	26,373,512	27,620	288,602	0.3	316	91
Total	393,704,679	1,686,471	17,735,069	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Georgia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.